

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11922

FILED MAR 18 1953

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PRIMARY REG. DIST. NO. 1003

Registrar's No. 2205

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park Lane Hospital		d. STREET ADDRESS (If rural, give location) 2513 N. Spring Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) c. (Last) McCamley		4. DATE OF DEATH (Month) (Day) (Year) Feb. 25 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 15 1882
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Cincinnati Ohio
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Richard Pickett		13b. MOTHER'S MAIDEN NAME Alice Harris	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 490-26-7235	
17. INFORMANT'S SIGNATURE OR NAME William Moore		ADDRESS 2513 N. Spring Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis. DUE TO (c) Hypertension. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No surgery.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 443X			
22. I hereby certify that I attended the deceased from 2-14-1953, to 2-25-1953 that I last saw the deceased alive on 2-25-53, 1953, and that death occurred at 2:20 P.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS 4930 Lindell Blvd. St. Louis, Missouri	
23c. DATE SIGNED 2-26-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/28/53	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. FEB 26 1953		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's 2849 N. Euclid Ave.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.